

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP							
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	<hr/>						57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12	<hr/>						62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32	<hr/>						82						
33	X						83						
34							84						
35							85						
36							86						
37							87						
38	X						88						
39							89						
40							90						
41							91						
42							92						
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44		1					94						
45		1					95						
46		1					96						
47	<hr/>						97						
48	<hr/>						98						
49	<hr/>						99						
50	<hr/>						100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS	↓		↓		↓	